

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	502,200.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	52,014.93
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	554,214.93

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	1,537,249.03
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	81,473.07
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	715,108.79
Your total liabilities		\$ 2,333,830.89

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	7,637.33
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	9,181.76

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

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8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ _____

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 81,473.07
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 81,473.07

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Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

15338 Colonel Tansill Ct.

Street address, if available, or other description

Woodbridge VA 22193-5888

City State ZIP Code

Prince William

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$502,200.00

Current value of the portion you own?
\$502,200.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenants by the entirety

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$502,200.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: Honda
Model: Pilot
Year: 2012
Approximate mileage: 110,000
Other information:

Who has an interest in the property? Check one

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property**
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$9,500.00

\$9,500.00

3.2 Make: Honda
Model: Civic
Year: 2016
Approximate mileage: 29,314
Other information:

Who has an interest in the property? Check one

☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property**
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$14,000.00

\$14,000.00

3.3 Make: Toyota
Model: RAV4
Year: 2014
Approximate mileage: 22,948
Other information:

Who has an interest in the property? Check one

☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property**
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$14,000.00

\$14,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$37,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe.....

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Miscellaneous household goods and furnishings, including basement chairs (\$400), tables & chairs (\$800), 3 couches & 3 chairs (\$1,500), 2 cabinets & 4 side tables (\$350), dishes, utensils, pots & pans, glassware, silverware, toaster oven, coffee maker (\$400), alarm clock, portable radio, desk (\$200), 3 beds, linens (\$300), 2 armoires (\$200), dresser (\$100), 5 night stands (\$300), and desk (\$200)

\$4,750.00

Miscellaneous books, photographs, pictures, CDs, and DVDs

\$50.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

Miscellaneous electronics, including DVD players (\$125), TVs (\$900), and computers (\$200)

\$1,225.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

Elliptical machine

\$75.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Miscellaneous men's clothing, including suits, shirts, pants, shoes, socks, undergarments, coats, sweaters, ties, belts, and accessories

\$500.00

Miscellaneous women's clothing, including dresses, skirts, pants, shirts, blouses, coats, sweaters, shoes, socks, undergarments, and accessories

\$500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Wedding band

\$75.00

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Wedding ring	\$1,000.00
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Watch	\$100.00
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Watch and miscellaneous costume jewelry, including earrings	\$150.00
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13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$8,425.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash on hand	\$50.00
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17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking and
 Savings

Bank of America acct. #2152 (\$837.46) and acct.
#2870 (\$543.65)

\$1,381.11

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

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Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Unknown potential tax refunds

Federal and State

Unknown

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information..

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Accrued wages, earned but not yet paid

\$2,254.06

Overpayment of chapter 7 legal fees

\$38.00

\$2,366.76 garnished by The Greene Company of VA within 90 days of the bankruptcy filing date

\$2,366.76

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$6,089.93

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

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54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$502,200.00
56. Part 2: Total vehicles, line 5	\$37,500.00	
57. Part 3: Total personal and household items, line 15	\$8,425.00	
58. Part 4: Total financial assets, line 36	\$6,089.93	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+	\$0.00
62. Total personal property. Add lines 56 through 61...	\$52,014.93	Copy personal property total \$52,014.93
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$554,214.93

Fill in this information to identify your case:

Debtor 1	Jerome Alan Johnson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Michele Anita Johnson		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-12437-BFK		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County Line from <i>Schedule A/B</i> : 1.1	\$502,200.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code §§ 34-4 & -6
2012 Honda Pilot 110,000 miles Line from <i>Schedule A/B</i> : 3.1	\$9,500.00	<input checked="" type="checkbox"/> \$9,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(8); VA Code §§ 34-4, -13 & -14 (as to \$3,500)
2016 Honda Civic 29,314 miles Line from <i>Schedule A/B</i> : 3.2	\$14,000.00	<input checked="" type="checkbox"/> \$2,113.12 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(8)
2014 Toyota RAV4 22,948 miles Line from <i>Schedule A/B</i> : 3.3	\$14,000.00	<input checked="" type="checkbox"/> \$7,089.11 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(8) (as to \$3,886.88); VA Code §§ 34-4, -13 & -14 (as to \$3,202.23)

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Miscellaneous household goods and furnishings, including basement chairs (\$400), tables & chairs (\$800), 3 couches & 3 chairs (\$1,500), 2 cabinets & 4 side tables (\$350), dishes, utensils, pots & pans, glassware, silverware, toaster oven, coffee maker (\$40) Line from Schedule A/B: 6.1	\$4,750.00	<input checked="" type="checkbox"/> \$4,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(4a)
Miscellaneous books, photographs, pictures, CDs, and DVDs Line from Schedule A/B: 6.2	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(2) & (4a)
Miscellaneous electronics, including DVD players (\$125), TVs (\$900), and computers (\$200) Line from Schedule A/B: 7.1	\$1,225.00	<input checked="" type="checkbox"/> \$1,225.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(4a)
Elliptical machine Line from Schedule A/B: 9.1	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(4a)
Miscellaneous men's clothing, including suits, shirts, pants, shoes, socks, undergarments, coats, sweaters, ties, belts, and accessories Line from Schedule A/B: 11.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(4)
Miscellaneous women's clothing, including dresses, skirts, pants, shirts, blouses, coats, sweaters, shoes, socks, undergarments, and accessories Line from Schedule A/B: 11.2	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(4)
Wedding band Line from Schedule A/B: 12.1	\$75.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(1a)
Wedding ring Line from Schedule A/B: 12.2	\$1,000.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(1a)
Watch Line from Schedule A/B: 12.3	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(4)
Watch and miscellaneous costume jewelry, including earrings Line from Schedule A/B: 12.4	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-26(4)

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Cash on hand Line from Schedule A/B: 16.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code §§ 34-4, -13 & -14
Checking and Savings: Bank of America acct. #2152 (\$837.46) and acct. #2870 (\$543.65) Line from Schedule A/B: 17.1	\$1,381.11	<input checked="" type="checkbox"/> \$1,381.11 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code §§ 34-4, -13 & -14
Federal and State: Unknown potential tax refunds Line from Schedule A/B: 28.1	Unknown	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code §§ 34-4, -13 & -14
Accrued wages, earned but not yet paid Line from Schedule A/B: 30.1	\$2,254.06	<input checked="" type="checkbox"/> \$2,254.06 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code § 34-29; VA Code §§ 34-4, -13 & -14 (as to \$563.52)
Overpayment of chapter 7 legal fees Line from Schedule A/B: 30.2	\$38.00	<input checked="" type="checkbox"/> \$38.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code §§ 34-4, -13 & -14
\$2,366.76 garnished by The Greene Company of VA within 90 days of the bankruptcy filing date Line from Schedule A/B: 30.3	\$2,366.76	<input checked="" type="checkbox"/> \$1,642.23 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	VA Code §§ 34-4, -13 & -14

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Bank of America, N.A. <small>Creditor's Name</small> P.O. Box 15220 Wilmington, DE 19886-5220 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: 2016 Honda Civic 29,314 miles As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Security interest</u>	\$11,886.88	\$14,000.00
		\$0.00	\$0.00

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred January 2016 Last 4 digits of account number 6006

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
 First Name Middle Name Last Name
 Debtor 2 Michele Anita Johnson
 First Name Middle Name Last Name

2.2 CarMax Auto Finance Describe the property that secures the claim: \$718.86 \$14,000.00 \$0.00
 Creditor's Name
P.O. Box 3174
Milwaukee, WI 53201-3174
 Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Security interest

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 7/6/14 Last 4 digits of account number 8867

2.3 Commonwealth of Virginia Describe the property that secures the claim: \$32,946.81 \$502,200.00 \$32,946.81
 Creditor's Name
Dept. of Taxation
Legal Unit, P.O. Box 2156
Richmond, VA 23218
 Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☒ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Tax lien

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 2014 Last 4 digits of account number 1910

2.4 Commonwealth of Virginia Describe the property that secures the claim: \$17,140.33 \$502,200.00 \$17,140.33
 Creditor's Name
Dept. of Taxation
Legal Unit, P.O. Box 2156
Richmond, VA 23218
 Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☒ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Tax lien

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 2016 Last 4 digits of account number 1910

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
First Name Middle Name Last Name

2.5 <u>Commonwealth of Virginia</u> <small>Creditor's Name</small> Dept. of Taxation Legal Unit, P.O. Box 2156 Richmond, VA 23218 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$705.13</u> <u>\$502,200.00</u> <u>\$705.13</u>	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2009</u> Last 4 digits of account number <u>7130</u>			

2.6 <u>Commonwealth of Virginia</u> <small>Creditor's Name</small> Dept. of Taxation Legal Unit, P.O. Box 2156 Richmond, VA 23218 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$29,059.32</u> <u>\$502,200.00</u> <u>\$29,059.32</u>	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2010</u> Last 4 digits of account number <u>7130</u>			

2.7 <u>Commonwealth of Virginia</u> <small>Creditor's Name</small> Dept. of Taxation Legal Unit, P.O. Box 2156 Richmond, VA 23218 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$20,755.53</u> <u>\$502,200.00</u> <u>\$20,755.53</u>	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2011</u> Last 4 digits of account number <u>7130</u>			

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
First Name Middle Name Last Name

2.8 Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$34,573.57</u> <u>\$502,200.00</u> <u>\$34,573.57</u>	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2015</u>		Last 4 digits of account number <u>7017</u>	

2.9 Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$106,747.16</u> <u>\$502,200.00</u> <u>\$106,747.16</u>	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2016</u>		Last 4 digits of account number <u>7017</u>	

2.10 Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$149,776.28</u> <u>\$502,200.00</u> <u>\$149,776.28</u>	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2014</u>		Last 4 digits of account number <u>3916</u>	

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
First Name Middle Name Last Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">2.1 1</div> <div style="border-bottom: 1px solid black; padding-top: 5px;">Internal Revenue Service</div> <div style="font-size: small; padding-top: 5px;">Creditor's Name</div> <div style="padding-top: 20px;">400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219</div> <div style="font-size: small; padding-top: 5px;">Number, Street, City, State & Zip Code</div>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u></p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$51,495.47</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$502,200.00</div> <div style="border-bottom: 1px solid black;">\$51,495.47</div>
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <u>2012</u> Last 4 digits of account number <u>0716</u>		

<div style="border: 1px solid black; padding: 2px; display: inline-block;">2.1 2</div> <div style="border-bottom: 1px solid black; padding-top: 5px;">Internal Revenue Service</div> <div style="font-size: small; padding-top: 5px;">Creditor's Name</div> <div style="padding-top: 20px;">400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219</div> <div style="font-size: small; padding-top: 5px;">Number, Street, City, State & Zip Code</div>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u></p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$95,067.95</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$502,200.00</div> <div style="border-bottom: 1px solid black;">\$95,067.95</div>
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <u>2013</u> Last 4 digits of account number <u>0716</u>		

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
First Name Middle Name Last Name

2.1 3	Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	\$9,538.81	\$502,200.00	\$9,538.81
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>2007</u> Last 4 digits of account number <u>2813</u>					

2.1 4	Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	\$38,654.10	\$502,200.00	\$38,654.10
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>2008</u> Last 4 digits of account number <u>2813</u>					

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
First Name Middle Name Last Name

2.1 5	Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$51,668.65</u> <u>\$502,200.00</u> <u>\$51,668.65</u>
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2009</u> Last 4 digits of account number <u>2813</u>			

2.1 6	Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$77,788.96</u> <u>\$502,200.00</u> <u>\$77,788.96</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2010</u> Last 4 digits of account number <u>2813</u>			

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
First Name Middle Name Last Name
Debtor 2 Michele Anita Johnson
First Name Middle Name Last Name

<div style="border: 1px solid black; padding: 2px;">2.1 7</div>	Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	\$1,352.93	\$502,200.00	\$0.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>2005</u> Last 4 digits of account number <u>0912</u>					

<div style="border: 1px solid black; padding: 2px;">2.1 8</div>	Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	\$69,178.93	\$502,200.00	\$0.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>2008</u> Last 4 digits of account number <u>0912</u>					

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
First Name Middle Name Last Name

2.1 9	Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$84,840.51</u> <u>\$502,200.00</u> <u>\$50,364.78</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2009</u> Last 4 digits of account number <u>0912</u>			

2.2 0	Internal Revenue Service <small>Creditor's Name</small> 400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u>	<u>\$163,239.27</u> <u>\$502,200.00</u> <u>\$163,239.27</u>
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2010</u> Last 4 digits of account number <u>0912</u>			

Debtor 1 Jerome Alan Johnson Case number (if known) 19-12437-BFK
 First Name Middle Name Last Name
 Debtor 2 Michele Anita Johnson
 First Name Middle Name Last Name

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2.2 1</div> <p>Internal Revenue Service</p> <p>Creditor's Name</p> <p>400 N. 8th Street, Box 76 Stop Room 898 Richmond, VA 23219</p> <p>Number, Street, City, State & Zip Code</p>	<p>Describe the property that secures the claim:</p> <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Tax lien</u></p>	<p><u>\$92,921.17</u></p> <p><u>\$502,200.00</u></p> <p><u>\$92,921.17</u></p>
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Who owes the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 2011 **Last 4 digits of account number** 0912

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2.2 2</div> <p>Wells Fargo Home Mortgage</p> <p>Creditor's Name</p> <p>P.O. Box 105632 Atlanta, GA 30348-5632</p> <p>Number, Street, City, State & Zip Code</p>	<p>Describe the property that secures the claim:</p> <div style="border: 1px solid black; padding: 2px;">15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888 Prince William County</div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>1st priority deed of trust</u></p>	<p><u>\$397,192.41</u></p> <p><u>\$502,200.00</u></p> <p><u>\$0.00</u></p>
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Who owes the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 11/20/09 **Last 4 digits of account number** 9131

Add the dollar value of your entries in Column A on this page. Write that number here:	\$1,537,249.03
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$1,537,249.03

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	City of Portsmouth Treasurer <small>Priority Creditor's Name</small> 801 Crawford St. <small>Portsmouth, VA 23704</small> <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1044</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>\$3,232.37</u>	<u>Unknown</u>	<u>Unknown</u>

Claim solely against Contract Security Forces, LLC, listed for infomation only

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

2.2	Commonwealth of Virginia Priority Creditor's Name Dept. of Taxation Legal Unit, P.O. Box 2156 Richmond, VA 23218 Number Street City State Zip Code	Last 4 digits of account number 1910	\$37,389.58	\$37,389.58	\$0.00
When was the debt incurred? 2015					
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Payroll taxes for Contract Security Forces, LLC			
2.3	Commonwealth of Virginia Priority Creditor's Name Dept. of Taxation Legal Unit, P.O. Box 2156 Richmond, VA 23218 Number Street City State Zip Code	Last 4 digits of account number 1910	\$4,818.18	\$4,818.18	\$0.00
When was the debt incurred? 2017					
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Payroll taxes for Contract Security Forces, LLC			
2.4	Comptroller of Maryland Priority Creditor's Name Revenue Administration Div. 110 Carroll St. Annapolis, MD 21411-0001 Number Street City State Zip Code	Last 4 digits of account number 1587	\$21,782.16	\$21,782.16	\$0.00
When was the debt incurred? 2016					
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Payroll taxes for Contract Security Forces, LLC			

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

2.5	Comptroller of Maryland Priority Creditor's Name Revenue Administration Div. 110 Carroll St. Annapolis, MD 21411-0001 Number Street City State Zip Code	Last 4 digits of account number 1587	\$4,545.19	\$4,545.19	\$0.00
	When was the debt incurred? 2017				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Payroll taxes for Contract Security Forces, LLC			

2.6	Office of Tax and Revenue Priority Creditor's Name P.O. Box 96385 Washington, DC 20090-6385 Number Street City State Zip Code	Last 4 digits of account number 5995	\$4,465.84	\$4,465.84	\$0.00
	When was the debt incurred? 2015				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Payroll taxes for Contract Security Forces, LLC			

2.7	Office of Tax and Revenue Priority Creditor's Name P.O. Box 96385 Washington, DC 20090-6385 Number Street City State Zip Code	Last 4 digits of account number 5995	\$5,151.09	\$5,151.09	\$0.00
	When was the debt incurred? 2016				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Payroll taxes for Contract Security Forces, LLC			

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

2.8	Office of Tax and Revenue Priority Creditor's Name P.O. Box 96385 Washington, DC 20090-6385 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5995 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Payroll taxes for Contract Security Forces, LLC	5995	\$88.66	\$88.66	\$0.00
2.9	Prince William County Priority Creditor's Name Tax Administration Division P.O. Box 2467 Woodbridge, VA 22195-2467 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8817 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Claim solely against Contract Security Forces, LLC, listed for information only	8817	Unknown	\$0.00	\$0.00

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.1	Alireza Kiaee Nonpriority Creditor's Name 7939 Enola St., #104 McLean, VA 22102 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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4.2	AMCB Nonpriority Creditor's Name 2900 Telestar Ct. Falls Church, VA 22042 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8110</u> When was the debt incurred? <u>7/15/17-12/5/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$3,642.40
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4.3	AMCB Nonpriority Creditor's Name 2900 Telestar Ct. Falls Church, VA 22042 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8110</u> When was the debt incurred? <u>3/15/17-9/5/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$1,123.23
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.4	AMCB Nonpriority Creditor's Name 2900 Telestar Ct. Falls Church, VA 22042 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8110 When was the debt incurred? 4/15/17-7/20/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$30,066.75
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4.5	AMCB Nonpriority Creditor's Name 2900 Telestar Ct. Falls Church, VA 22042 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8110 When was the debt incurred? 9/24/18-11/16/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$39.82
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4.6	Anthony Pellicone Nonpriority Creditor's Name 1487 Ranger Loop, #304 Woodbridge, VA 22191 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.7	Antoine J. Wright Nonpriority Creditor's Name 5083 Coles Point Rd. Hague, VA 22469 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	
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4.8	Armor Fence, LLC Nonpriority Creditor's Name c/o Harry N. Lowe, III, Esq. 1775 Wiehle Ave., Suite 400 Reston, VA 20190 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$3,352.14 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Athscho, LLC, listed for information only</u>	
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4.9	Assoc. of Alex Radiologists Nonpriority Creditor's Name P.O. Box 79537 Baltimore, MD 21279-0537 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0522</u> \$86.60 When was the debt incurred? <u>8/5/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.1 0	Baktash Rahimi Nonpriority Creditor's Name 14577 Crossfield Way Woodbridge, VA 22191 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>
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4.1 1	Bank of America Nonpriority Creditor's Name P.O. Box 15019 Wilmington, DE 19886-5019 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8866</u> \$383.08 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Visa credit card</u>
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4.1 2	Breiner & Breiner, LLC Nonpriority Creditor's Name 115 N. Henry St. Alexandria, VA 22314 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9457</u> \$4,557.75 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Legal fees</u>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.1 3	<p>Camille A. Boothe</p> <p>Nonpriority Creditor's Name 2004 Perry St., NE Washington, DC 20018</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>	<p>Unknown</p>
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4.1 4	<p>Capital One Bank</p> <p>Nonpriority Creditor's Name P.O. Box 85147 Richmond, VA 23276</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit card</u></p>	<p>\$1,201.77</p>
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4.1 5	<p>Capital One Bank</p> <p>Nonpriority Creditor's Name P.O. Box 71083 Charlotte, NC 28272-1083</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5788</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>MasterCard credit card</u></p>	<p>\$1,937.67</p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.1 6	CardioNet, LLC Nonpriority Creditor's Name 1000 Cedar Hollow Rd. Suite 102 Malvern, PA 19355 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1866 \$250.00 When was the debt incurred? 3/15/17-9/5/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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4.1 7	CardioNet, LLC Nonpriority Creditor's Name 1000 Cedar Hollow Rd. Suite 102 Malvern, PA 19355 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4413 \$1,495.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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4.1 8	Carolina Radiology Assoc. Nonpriority Creditor's Name 1303 Azalea Ct., #B Myrtle Beach, SC 29577 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5938 \$242.20 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.1 9	<p>Cary Poropatich MD LLC</p> <p>Nonpriority Creditor's Name 9834 Business Way Manassas, VA 20110</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7368</p> <p>When was the debt incurred? 2/15/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	<p>\$6.03</p>
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4.2 0	<p>Central Credit Services, LLC</p> <p>Nonpriority Creditor's Name 9550 Regency Sq. Blvd., #500 Jacksonville, FL 32225</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4697</p> <p>When was the debt incurred? 4/26/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	<p>\$89.78</p>
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4.2 1	<p>Central Insurance Agency</p> <p>Nonpriority Creditor's Name 93 E. Main St. Smithtown, NY 11787</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7796</p> <p>When was the debt incurred? March 2017-October 2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>	<p>\$15,823.00</p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.2 2	CitiBank <hr/> Nonpriority Creditor's Name P.O. Box 6500 Sioux Falls, SD 57117 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3475 \$705.05 <hr/> When was the debt incurred? 3/13/18 <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card</u>
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4.2 3	Credit One Bank <hr/> Nonpriority Creditor's Name P.O. Box 60500 City of Industry, CA 91716-0500 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9868 \$873.16 <hr/> When was the debt incurred? <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Visa credit card</u>
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4.2 4	Credit One Bank <hr/> Nonpriority Creditor's Name P.O. Box 60500 City of Industry, CA 91716-0500 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0992 \$1,114.59 <hr/> When was the debt incurred? <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>MasterCard credit card</u>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.2 5	<p>Dalwuan R. Williams</p> <p>Nonpriority Creditor's Name 16670 Hardwood Oak Ct., #202 Dumfries, VA 22026</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>
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4.2 6	<p>Danyell Baker</p> <p>Nonpriority Creditor's Name 1119 Castle Harbour Way, #3A Glen Burnie, MD 21061</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>
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4.2 7	<p>Darnell A. Jackson</p> <p>Nonpriority Creditor's Name 3385 Dry Powder Cir., Apt. 304 Dumfries, VA 22026</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.2 8	<p>Darrell W. Noble</p> <p>Nonpriority Creditor's Name 9925 Holland Meadows Ct. Fredericksburg, VA 22408 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>
4.2 9	<p>Essence A. Delgado</p> <p>Nonpriority Creditor's Name 13687 Lynn St. Woodbridge, VA 22191 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>
4.3 0	<p>Fairfax Radiological Consults.</p> <p>Nonpriority Creditor's Name 2722 Merrilee Dr., Suite 230 Fairfax, VA 22031 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8033</u> \$367.00</p> <p>When was the debt incurred? <u>1/12/18</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.3 1	<p>Grand Strand Regional Med. Ctr</p> <p>Nonpriority Creditor's Name P.O. Box 402724 Atlanta, GA 30384-2724 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2901 \$35.70</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>
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4.3 2	<p>Hugo N. C. Hidalgo</p> <p>Nonpriority Creditor's Name 1413 Bayside Ave., Apt. 6 Woodbridge, VA 22191 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>
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4.3 3	<p>INOVA Fairfax Hospital</p> <p>Nonpriority Creditor's Name P.O. Box 37019 Baltimore, MD 21297-3019 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5261 \$4,084.63</p> <p>When was the debt incurred? 1/12/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.3 4	INOVA Fairfax Hospital Nonpriority Creditor's Name P.O. Box 37019 Baltimore, MD 21297-3019 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9891 \$154.55 When was the debt incurred? 1/12/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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4.3 5	Inova Medical Group Urology Nonpriority Creditor's Name 8503 Arlington Blvd. Suite 310 Fairfax, VA 22031 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9891 \$67.67 When was the debt incurred? 2/1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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4.3 6	Integrated Reg Lab Path Serv Nonpriority Creditor's Name P.O. Box 3093 Boca Raton, FL 33431-0993 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9118 \$5.65 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.3 7	J. Douglas Lewis, Esq. Nonpriority Creditor's Name 7500 Diplomat Dr., #201 Manassas, VA 20109 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1786 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$21,551.12
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4.3 8	Jacqueline W. Wanjohi Nonpriority Creditor's Name 7659 Richmond Hwy., Apt. 22 Alexandria, VA 22306 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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4.3 9	Jahkira L. Prince Nonpriority Creditor's Name 1319 Oates St. Capitol Heights, MD 20743 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.4
0

Janet M. Meiburger, Trustee

Last 4 digits of account number

Unknown

Nonpriority Creditor's Name
The Meiburger Law Firm, P.C.
1493 Chain Bridge Rd., #201
McLean, VA 22101-5726

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☒ Unliquidated

☒ Debtor 1 and Debtor 2 only

☒ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Potential avoidance claims arising in affiliated Chapter 7 case of Contract Security Forces, LLC, Case #17-14203-KHK

4.4
1

Jermaine K. Mitcham

Last 4 digits of account number

Unknown

Nonpriority Creditor's Name
7941 Richmond Hwy., #12
Alexandria, VA 22306

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☒ Disputed

☒ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Claim solely against Contract Security Forces, LLC, listed for information only

4.4
2

John T. Harrod

Last 4 digits of account number

Unknown

Nonpriority Creditor's Name
14029 Lindendale Rd.
Woodbridge, VA 22193

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☒ Disputed

☒ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Claim solely against Contract Security Forces, LLC, listed for information only

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.4 3	Johns Hopkins Health System Nonpriority Creditor's Name P.O. Box 3475 Toledo, OH 43607-0475 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7273 \$443.20 When was the debt incurred? 7/23/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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4.4 4	Johns Hopkins Health System Nonpriority Creditor's Name P.O. Box 3475 Toledo, OH 43607-0475 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0867 \$700.29 When was the debt incurred? 8/31/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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4.4 5	Johns Hopkins Physicians Nonpriority Creditor's Name P.O. Box 65045 Baltimore, MD 21264-5045 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$100.93 When was the debt incurred? 5/27/16-10/5/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.4 6	Joseph A. Campbell Nonpriority Creditor's Name 2603 Colebrooke Dr. Temple Hills, MD 20748 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>
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4.4 7	Joseph J. Buchino MD & Assoc. Nonpriority Creditor's Name P.O. Box 7308 Arlington, VA 22207-0308 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3355</u> \$644.00 When was the debt incurred? <u>12/19/16</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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4.4 8	Joseph Walker Nonpriority Creditor's Name 2690 Pheasant Hunt Rd. Woodbridge, VA 22192 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.4 9	Juan J. Encarnacion Nonpriority Creditor's Name 9619 Dublin Dr. Manassas, VA 20109 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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4.5 0	Kadija H. Kargbo Nonpriority Creditor's Name 600 W. Hallmark Ave., #531 Killeen, TX 76541 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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4.5 1	Lab Corp Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7419</u> When was the debt incurred? <u>8/25/17-8/20/18 & 11/14/16</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	Unknown
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.5 2	Lab Corp <hr/> Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2980 <hr/> When was the debt incurred? 11/06/14 <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$816.00 <hr/>
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4.5 3	Lab Corp <hr/> Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1025;5188;7 183;6128;29 14 <hr/> When was the debt incurred? 3/15/17-9/5/18 <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$23.48 <hr/>
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4.5 4	Lab Corp <hr/> Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7354 <hr/> When was the debt incurred? 8/25/17 <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$266.00 <hr/>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.5 5	<p>Lab Corp</p> <hr/> <p>Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2130;8040;9 030</p> <hr/> <p>When was the debt incurred? 9/23/15-5/23/16</p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	<p>\$259.14</p>
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4.5 6	<p>Lab Corp</p> <hr/> <p>Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0050;9330;2 130;8040</p> <hr/> <p>When was the debt incurred? 4/26/16-2/22/17</p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	<p>\$212.80</p>
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4.5 7	<p>Lab Corp</p> <hr/> <p>Nonpriority Creditor's Name P.O. Box 2240 Burlington, NC 27216-2240 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5309;3556</p> <hr/> <p>When was the debt incurred? 5/4/18-12/11/18</p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	<p>\$9.59</p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.5
8

Lamont C. Thompson

Nonpriority Creditor's Name

8829 Telegraph Rd.

Lorton, VA 22079

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Claim solely against Contract Security Forces, LLC, listed for information only

4.5
9

Mac J. Kriesch

Nonpriority Creditor's Name

7404 Paxton Rd.

Falls Church, VA 22043

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Claim solely against Contract Security Forces, LLC, listed for information only

4.6
0

Malcolm J. Maiden

Nonpriority Creditor's Name

509 Rock Creek Church Rd., NW

Washington, DC 20010

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Claim solely against Contract Security Forces, LLC, listed for information only

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.6 1	Melissa R. Benitez Nonpriority Creditor's Name 4636 Evansdale Rd. Woodbridge, VA 22193 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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4.6 2	Merrick Bank Nonpriority Creditor's Name P.O. Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3400</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal loan</u>	\$2,062.91
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4.6 3	Metroplex Pathology Assoc. Nonpriority Creditor's Name P.O. Box 840294 Dallas, TX 75284-0294 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6536</u> When was the debt incurred? <u>12/20/16</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$69.81
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.6 4	<p>Michael C. Paynter</p> <p>Nonpriority Creditor's Name 3917 Findley Rd. Woodbridge, VA 22193 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>
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4.6 5	<p>Nationwide Credit Corp.</p> <p>Nonpriority Creditor's Name P.O. Box 9156 Alexandria, VA 22304-0156 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3722</u> \$653.99</p> <p>When was the debt incurred? <u>7/31/18</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>
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4.6 6	<p>NE Virginia Emerg Phys, LLC</p> <p>Nonpriority Creditor's Name P.O. Box 37993 Philadelphia, PA 19101-7993 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7780</u> \$43.71</p> <p>When was the debt incurred? <u>1/12/18</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.6 7	<p>NE Virginia Emerg Phys, LLC</p> <p>Nonpriority Creditor's Name P.O. Box 37993 Philadelphia, PA 19101-7993</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6102</p> <p>When was the debt incurred? 7/15/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	<p>\$1,825.00</p>
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4.6 8	<p>NE Virginia Emerg Phys, LLC</p> <p>Nonpriority Creditor's Name P.O. Box 37993 Philadelphia, PA 19101-7993</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9990</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	<p>\$240.30</p>
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4.6 9	<p>NO VA Radiology Consultants</p> <p>Nonpriority Creditor's Name P.O. Box 37148 Baltimore, MD 21297</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6344</p> <p>When was the debt incurred? 2/15/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	<p>\$20.82</p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.7 0	<p>NPAS Solutions, LLC</p> <p>Nonpriority Creditor's Name P.O. Box 2248 Maryland Heights, MO 63043-1048 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8023 \$388.85</p> <p>When was the debt incurred? 3/24/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>
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4.7 1	<p>Orlando B. Crawford</p> <p>Nonpriority Creditor's Name 11460 St. Martha Dr., Apt. 217 Waldorf, MD 20602 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number Unknown</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>
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4.7 2	<p>Parkway East, LLC</p> <p>Nonpriority Creditor's Name P.O. Box 1607 Lorton, VA 22199-1607 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$21,110.60</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim against Contract Security Forces, LLC, personally guaranteed</u></p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.7 3	Pendrick Capital Partners, LLC Nonpriority Creditor's Name 6029 Ridge Ford Dr. Burke, VA 22015 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5109 When was the debt incurred? 3/15/17-9/5/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$558.00
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4.7 4	Philadelphia Insurance Company Nonpriority Creditor's Name c/o Leib P.O. Box 357 Voorhees, NJ 08043 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0246 When was the debt incurred? 6/29/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	\$14,329.00
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4.7 5	Prince William Neurology Nonpriority Creditor's Name 14401 Hereford Rd. Woodbridge, VA 22193 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1191 When was the debt incurred? 10/6/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>	\$2,331.00
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.7 6	Redmon, Peyton & Braswell, LLP Nonpriority Creditor's Name Attn: James S. Kurz, Esq. 510 King St., Suite 301 Alexandria, VA 22314 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Legal fees</u>	\$220,751.82
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4.7 7	Ricky D. McDonald Nonpriority Creditor's Name 2507 Doverhill Ct. Woodbridge, VA 22192 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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4.7 8	Robert F. Byrd Nonpriority Creditor's Name 5901 Spell Rd. Clinton, MD 20735 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>	Unknown
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.7
9

Sentara

Last 4 digits of account number 4232

\$260.40

Nonpriority Creditor's Name
863 Glenrock Rd., #100
Norfolk, VA 23502

When was the debt incurred? 8/25/17-5/16/18

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No
☐ Yes

☒ Other. Specify Medical bill

4.8
0

Sentara

Last 4 digits of account number 6316

\$909.00

Nonpriority Creditor's Name
863 Glenrock Rd., #100
Norfolk, VA 23502

When was the debt incurred? 11/11/16

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No
☐ Yes

☒ Other. Specify Medical bill

4.8
1

Sentara

Last 4 digits of account number 0896

\$46.50

Nonpriority Creditor's Name
863 Glenrock Rd., #100
Norfolk, VA 23502

When was the debt incurred? 7/25/17

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No
☐ Yes

☒ Other. Specify Medical bill

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.8 2	<p>Sentara</p> <p>Nonpriority Creditor's Name 863 Glenrock Rd., #100 Norfolk, VA 23502</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5385</p> <p>When was the debt incurred? 2/12/17-8/18/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	\$166.00
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4.8 3	<p>Shauntay A. Spinner</p> <p>Nonpriority Creditor's Name 7463 Gladys Rd. Altavista, VA 24517</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>	\$279,060.02
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4.8 4	<p>Suburban Credit Corp.</p> <p>Nonpriority Creditor's Name P.O. Box 30640 Alexandria, VA 22310-0640</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0015</p> <p>When was the debt incurred? 10/19/12-11/11/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u></p>	\$573.26
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.8 5	<p>Teresa D. Carcamo</p> <p>Nonpriority Creditor's Name 15028 Lost Canyon Ct. Woodbridge, VA 22191</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>	<p>Unknown</p>
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4.8 6	<p>The Greene Company of VA</p> <p>Nonpriority Creditor's Name 2075 Stultz Rd. Martinsville, VA 24112</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Judgment</u></p>	<p>\$72,010.38</p>
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4.8 7	<p>Timothy V. Whitley</p> <p>Nonpriority Creditor's Name 109 Healey Ct. Stafford, VA 22554</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u></p>	<p>Unknown</p>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.8 8	Tony G. Ferguson Nonpriority Creditor's Name 3805 Laramie Pl., Unit C Alexandria, VA 22309 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>
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4.8 9	United Consumers, Inc. Nonpriority Creditor's Name P.O. Box 4466 Woodbridge, VA 22194-4466 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$311.66 When was the debt incurred? <u>3/30/14-7/20/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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4.9 0	Virginia Hospital Center Nonpriority Creditor's Name P.O. Box 1494 Merrifield, VA 22116-1494 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8382</u> \$653.99 When was the debt incurred? <u>2/15/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bill</u>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.9 1	William H. Wigfall, Jr. Nonpriority Creditor's Name 4600 Mimsey Rd. Upper Marlboro, MD 20772 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>
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4.9 2	Wyatt G. Dulaney Nonpriority Creditor's Name 14509 Golden Oak Rd. Centreville, VA 20121 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>
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4.9 3	Yusef A. Adams Nonpriority Creditor's Name 301 N. Beauregard St., #1004 Alexandria, VA 22312 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

4.9 4	Yvon Raymond Nonpriority Creditor's Name 9348 Cherry Hill Rd., #706 College Park, MD 20740 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Claim solely against Contract Security Forces, LLC, listed for information only</u>
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Affiliate Asset Solutions, LLC 145 Technology Pkwy. NW Suite 100 Peachtree Corners, GA 30092-2913	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.67</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
<hr/>	
Name and Address AMCB 2900 Telestar Ct. Falls Church, VA 22042	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
<hr/>	
Name and Address AMCB 2900 Telestar Ct. Falls Church, VA 22042	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.33</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
<hr/>	
Name and Address AMCB 2900 Telestar Ct. Falls Church, VA 22042	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.34</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
<hr/>	
Name and Address American Medical Collection 4 Westchester Plaza, Bldg. 4 Elmsford, NY 10523	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.51</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
<hr/>	
Name and Address American Medical Collection 4 Westchester Plaza, Bldg. 4 Elmsford, NY 10523	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.56</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
<hr/>	
Name and Address Barbara A. Queen, Esq. Lawrence & Associates 701 E. Franklin St., Suite 700 Richmond, VA 23219	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.83</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

Last 4 digits of account number

Name and Address
BYL Collection Services
P.O. Box 5569
Malvern, PA 19355

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
BYL Collection Services
P.O. Box 5569
Malvern, PA 19355

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Central Credit Services, LLC
9550 Regency Sq. Blvd., #500
Jacksonville, FL 32225

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.73 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Christopher L. Rogan, Esq.
Rogan, Miller & Zimmerman PLLC
50 Catocin Cir., Suite 333
Leesburg, VA 20176

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.40 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Credence Resource Management
P.O. Box 2210
Southgate, MI 48195-4210

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.68 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Crum & Forster
305 Madison Ave..
Morristown, NJ 07960

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
D & A Services
JH Portfolio Debt Equities LLC
1400 E. Touhy Ave., #G2
Des Plaines, IL 60018

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
David T. Spruill, Esq.
120 Corporate Blvd.
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Douglas J. Lewis, Esq.
7500 Diplomat Dr., #201
Manassas, VA 20109

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Fullerton & Knowles, P.C.
12642 Chapel Rd., Suite A
Clifton, VA 20124

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.72 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
GLA Collection Company, Inc.
DAKS 1123
P.O. Box 1022
Wixom, MI 48393-1022

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.47 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

Last 4 digits of account number

Name and Address
Harris & Harris of Illinois
111 W. Jackson Blvd.
Suite 400
Chicago, IL 60604-4135

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Jason T. Brown, Esq.
JTB Law Group, L.L.C.
155 2nd St., Suite 4
Jersey City, NJ 07302

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.83 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
John L. Gregory, III
P.O. Box 72
Martinsville, VA 24114-0072

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.86 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Merchants Adjustment Service
56 N. Florida St.
Mobile, AL 36607

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Morin & Barkley LLP
455 Second St., SE
Suite 200
Charlottesville, VA 22902

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.74 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NCC
P.O. Box 9156
Alexandria, VA 22304-0156

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Phillips & Cohen Assoc.
1002 Justison St.
Wilmington, DE 19801

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Phoenix Financial Services LLC
8902 Otis Ave., Suite 103A
Indianapolis, IN 46216-1077

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.66 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Plantation Billing Center
P.O. Box 459077
Sunrise, FL 33345-9077

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Portfolio Recovery Associates
P.O. Box 12914
Norfolk, VA 23541

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Radius Global Solutions LLC
7831 Glenroy Rd., Suite 250-A
Minneapolis, MN 55439

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.54 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

Last 4 digits of account number

Name and Address
Rapid Recovery
P.O. Box 112
Fairfax, VA 22038

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.75 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Retrieval-Masters Cred Bureau
4 Westerchester Plaza
Suite 110
Elmsford, NY 10523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.52 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Retrieval-Masters Cred Bureau
4 Westerchester Plaza
Suite 110
Elmsford, NY 10523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Sentara Collections
P.O. Box 79698
Baltimore, MD 21279-0698

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.80 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Fire Insurance Company
P.O. Box 28146
New York, NY 10087-8146

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 81,473.07
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 81,473.07
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 715,108.79
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 715,108.79

Fill in this information to identify your case:

Debtor 1	Jerome Alan Johnson		
	First Name	Middle Name	Last Name
Debtor 2	Michele Anita Johnson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-12437-BFK		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Wife-Debtor's mother	Wife-Debtor's mother resides with them under an informal, unwritten lease pursuant to which she pays \$800/mo.

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
 Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
 Check all schedules that apply:

3.1 August S. Thennet
 390 Bridgewater Cir.
 Fredericksburg, VA 22406

☐ Schedule D, line _____
☒ Schedule E/F, line 4.83
☐ Schedule G _____
 Shauntay A. Spinner

3.2 Contract Security Forces, LLC
 3310 Noble Pond Way, Suite 103
 Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.21
☐ Schedule G _____
 Central Insurance Agency

3.3 Contract Security Forces, LLC
 3310 Noble Pond Way, Suite 103
 Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.74
☐ Schedule G _____
 Philadelphia Insurance Company

Debtor 1 Jerome Alan Johnson
Michele Anita Johnson

Case number (if known) 19-12437-BFK

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.4 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.1
☐ Schedule G _____
Alireza Kiaee

3.5 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.6
☐ Schedule G _____
Anthony Pellicone

3.6 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.7
☐ Schedule G _____
Antoine J. Wright

3.7 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.10
☐ Schedule G _____
Baktash Rahimi

3.8 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.13
☐ Schedule G _____
Camille A. Boothe

3.9 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.25
☐ Schedule G _____
Dalwuan R. Williams

3.10 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.26
☐ Schedule G _____
Danyell Baker

3.11 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.27
☐ Schedule G _____
Darnell A. Jackson

Debtor 1 Jerome Alan Johnson
Michele Anita Johnson

Case number (if known) 19-12437-BFK

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.12 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.28
☐ Schedule G _____
Darrell W. Noble

3.13 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.29
☐ Schedule G _____
Essence A. Delgado

3.14 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.32
☐ Schedule G _____
Hugo N. C. Hidalgo

3.15 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.38
☐ Schedule G _____
Jacqueline W. Wanjohi

3.16 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.39
☐ Schedule G _____
Jahkira L. Prince

3.17 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.41
☐ Schedule G _____
Jermaine K. Mitcham

3.18 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.42
☐ Schedule G _____
John T. Harrod

3.19 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.46
☐ Schedule G _____
Joseph A. Campbell

Debtor 1 Jerome Alan Johnson
Michele Anita Johnson

Case number (if known) 19-12437-BFK

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.20 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.48
☐ Schedule G _____
Joseph Walker

3.21 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.49
☐ Schedule G _____
Juan J. Encarnacion

3.22 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.50
☐ Schedule G _____
Kadija H. Kargbo

3.23 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.58
☐ Schedule G _____
Lamont C. Thompson

3.24 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.59
☐ Schedule G _____
Mac J. Kriesch

3.25 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.60
☐ Schedule G _____
Malcolm J. Maiden

3.26 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.61
☐ Schedule G _____
Melissa R. Benitez

3.27 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.64
☐ Schedule G _____
Michael C. Paynter

Debtor 1 Jerome Alan Johnson
Michele Anita Johnson

Case number (if known) 19-12437-BFK

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.28 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.71
☐ Schedule G _____
Orlando B. Crawford

3.29 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.77
☐ Schedule G _____
Ricky D. McDonald

3.30 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.78
☐ Schedule G _____
Robert F. Byrd

3.31 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.83
☐ Schedule G _____
Shauntay A. Spinner

3.32 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.85
☐ Schedule G _____
Teresa D. Carcamo

3.33 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.87
☐ Schedule G _____
Timothy V. Whitley

3.34 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.88
☐ Schedule G _____
Tony G. Ferguson

3.35 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.91
☐ Schedule G _____
William H. Wigfall, Jr.

Debtor 1 Jerome Alan Johnson
Michele Anita Johnson

Case number (if known) 19-12437-BFK

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.36 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.92
☐ Schedule G _____
Wyatt G. Dulaney

3.37 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.93
☐ Schedule G _____
Yusef A. Adams

3.38 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.94
☐ Schedule G _____
Yvon Raymond

3.39 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.1
☐ Schedule G _____
City of Portsmouth Treasurer

3.40 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.3
☐ Schedule E/F, line _____
☐ Schedule G _____
Commonwealth of Virginia

3.41 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.4
☐ Schedule E/F, line _____
☐ Schedule G _____
Commonwealth of Virginia

3.42 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.2
☐ Schedule G _____
Commonwealth of Virginia

3.43 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.3
☐ Schedule G _____
Commonwealth of Virginia

Debtor 1 Jerome Alan Johnson
Michele Anita Johnson

Case number (if known) 19-12437-BFK

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.44 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.4
☐ Schedule G _____
Comptroller of Maryland

3.45 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.5
☐ Schedule G _____
Comptroller of Maryland

3.46 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.6
☐ Schedule G _____
Office of Tax and Revenue

3.47 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.7
☐ Schedule G _____
Office of Tax and Revenue

3.48 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.8
☐ Schedule G _____
Office of Tax and Revenue

3.49 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 2.9
☐ Schedule G _____
Prince William County

3.50 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.72
☐ Schedule G _____
Parkway East, LLC

3.51 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.5
☐ Schedule E/F, line _____
☐ Schedule G _____
Commonwealth of Virginia

Debtor 1 Jerome Alan Johnson
Michele Anita Johnson

Case number (if known) 19-12437-BFK

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.52 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.6
☐ Schedule E/F, line _____
☐ Schedule G _____
Commonwealth of Virginia

3.53 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.7
☐ Schedule E/F, line _____
☐ Schedule G _____
Commonwealth of Virginia

3.54 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.13
☐ Schedule E/F, line _____
☐ Schedule G _____
Internal Revenue Service

3.55 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.14
☐ Schedule E/F, line _____
☐ Schedule G _____
Internal Revenue Service

3.56 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.15
☐ Schedule E/F, line _____
☐ Schedule G _____
Internal Revenue Service

3.57 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.17
☐ Schedule E/F, line _____
☐ Schedule G _____
Internal Revenue Service

3.58 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.18
☐ Schedule E/F, line _____
☐ Schedule G _____
Internal Revenue Service

3.59 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.20
☐ Schedule E/F, line _____
☐ Schedule G _____
Internal Revenue Service

Debtor 1 Jerome Alan Johnson
Michele Anita Johnson

Case number (if known) 19-12437-BFK

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.60 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☒ Schedule D, line 2.21
☐ Schedule E/F, line _____
☐ Schedule G _____
Internal Revenue Service

3.61 Contract Security Forces, LLC
3310 Noble Pond Way, Suite 103
Woodbridge, VA 22193-1472

☐ Schedule D, line _____
☒ Schedule E/F, line 4.76
☐ Schedule G _____
Redmon, Peyton & Braswell, LLP

3.62 Shameka C. Venable
5783 Rhode Island Ave.
Woodbridge, VA 22193

☐ Schedule D, line _____
☒ Schedule E/F, line 4.83
☐ Schedule G _____
Shauntay A. Spinner

3.63 Thomas L. Johnson
1037 Milton Ave.
Baltimore, MD 21205

☐ Schedule D, line _____
☒ Schedule E/F, line 4.83
☐ Schedule G _____
Shauntay A. Spinner

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson

Debtor 2 Michele Anita Johnson
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
	Occupation	CEO	Homemaker
	Employer's name	United Security Forces, LLC	
	Employer's address	3310 Noble Pond Way, Suite 103 Woodbridge, VA 22193	
	How long employed there?	1 1/2 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 8,666.67	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 8,666.67	\$ 0.00

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 8,666.67	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,829.34	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,829.34	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 6,837.33	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 400.00	\$ 400.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 400.00	\$ 400.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,237.33 + \$ 400.00 = \$ 7,637.33	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 7,637.33	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson

Debtor 2 Michele Anita Johnson
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

19

☐ No

☒ Yes

Daughter

20

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 3,448.43

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 59.53

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	525.00						
6b. Water, sewer, garbage collection	6b. \$	130.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	400.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	1,300.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	350.00						
10. Personal care products and services	10. \$	100.00						
11. Medical and dental expenses	11. \$	250.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	150.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00						
14. Charitable contributions and religious donations	14. \$	0.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	255.00						
15b. Health insurance	15b. \$	0.00						
15c. Vehicle insurance	15c. \$	777.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Personal property taxes on vehicles</u>								
	16. \$	88.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	608.16						
17b. Car payments for Vehicle 2	17b. \$	540.64						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).								
	18. \$	0.00						
19. Other payments you make to support others who do not live with you.								
	\$	0.00						
Specify: _____								
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: _____	21. +\$	0.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>9,181.76</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>9,181.76</td> </tr> </table> </div>		\$	9,181.76	\$		\$	9,181.76
\$			9,181.76					
\$								
\$	9,181.76							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	7,637.33						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	9,181.76						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .								
	23c. \$	-1,544.43						
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. 								

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jerome Alan Johnson
Jerome Alan Johnson
Signature of Debtor 1

Date August 15, 2019

X /s/ Michele Anita Johnson
Michele Anita Johnson
Signature of Debtor 2

Date August 15, 2019

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

- ☒ Wages, commissions, bonuses, tips
☐ Operating a business

\$60,000.00

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

- ☐ Wages, commissions, bonuses, tips
☐ Operating a business

\$0.00

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$60,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$36,885.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Rental income	\$2,800.00	Rental income	\$2,800.00
For last calendar year: (January 1 to December 31, 2018)	Rental income	\$4,800.00	Rental income	\$4,800.00
For the calendar year before that: (January 1 to December 31, 2017)	Rental income	\$4,800.00	Rental income	\$4,800.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☒ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
 During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Wells Fargo Home Mortgage P.O. Box 105632 Atlanta, GA 30348-5632	7/3/19	\$6,896.86	\$397,192.41	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Inova Health Care Services, Inova Fairfax Hospital v. Jerome A. Johnson GV19009316-00	Warrant in Debt	Prince William General District Court 9311 Lee Ave. Manassas, VA 20110	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment entered 7/18/19
Portfolio Recovery Associates, LLC, Assignee of Capital One Bank, N.A. v. Jermon A. Johnson GV19000954-00	Warrant in Debt	Prince William General District Court 9311 Lee Ave. Manassas, VA 20110	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment entered 2/26/19
Parkway East, LLC v. Jerome Johnson, Michele Johnson, and Contract Security Forces, LLC GV19007890-00	Unlawful detainer	Prince William General District Court 9311 Lee Ave. Manassas, VA 20110	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment entered 7/12/19

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

Case title Case number	Nature of the case	Court or agency	Status of the case
Potomac Hospital Corporation of PW dba Sentara Northern VA Medical Center v. Jermone and Michele Johnson GV19012172-00	Warrant in Debt	Prince William General District Court 9311 Lee Ave. Manassas, VA 20110	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded Hearing scheduled on 8/22/19
Redmon, Peyton & Braswell, LLP v. Jerome and Michele Johnson Case No. 2019-003550	Civil action	Prince William County Circuit Court 9311 Lee Ave. Manassas, VA 20110	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment entered 6/28/19
The Greene Company of Virginia v. Jerome Johnson, et al. CL19-677	Garnishment	Henry County Circuit Court 3160 Kings Mountain Rd. Martinsville, VA 24112	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded Hearing scheduled on 9/25/19

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
The Greene Company of VA 2075 Stultz Rd. Martinsville, VA 24112	Wages <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	7/19/19 (\$788.92); 7/5/19 (\$788.92); 6/21/19 (\$788.92)	\$2,366.76

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No
☐ Yes

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

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Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Tyler, Bartl & Ramsdell, P.L.C. 300 N. Washington St., Suite 310 Alexandria, VA 22314	\$4,000, plus \$362 in applicable filing fees	6/17/19	\$4,362.00
Cricket Debt Counseling	\$24	7/24/19	\$24.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

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include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☒ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Debtors' daughters 15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888	Debtors' residence	Debtors have mutual possession of, and control over, miscellaneous personal belongings of their daughters, with whom they reside	Unknown

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Debtor 2 Michele Anita Johnson

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Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Wife-Debtor's mother 15338 Colonel Tansill Ct. Woodbridge, VA 22193-5888	Debtor's residence	Debtors have mutual possession of, and control over, miscellaneous personal belongings of Wife-Debtor's mother, with whom they reside	Unknown
Contract Security Forces, LLC 3310 Noble Pond Way, Suite 103 Woodbridge, VA 22193-1472	Debtors' residence	Debtors have possession of, and control over, the LLC's 2013 Toyota Tundra, 2006 Chevrolet Malibu, and 2008 Scion, which are vested in the LLC's Chapter 7 Trustee in Case #17-14203-KHK	Unknown

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership

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☐ An officer, director, or managing executive of a corporation

☒ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
AthScho LLC 1900 Campus Commons Dr., Suite 100 Reston, VA 20191	Collegiate T-shirt Company J. Peter Stratos	EIN: 27-4019698 From-To 2010-10/29/16
Contract Security Forces, LLC 3310 Noble Pond Way, Suite 103 Woodbridge, VA 22193-1472	Security services J. Peter Stratos	EIN: 27-5121910 From-To 2011-12/11/17
Legacy Wealth Properties, LLC	Ownership of home in which Husband-Debtor's mother resides	EIN: From-To through 10/29/16

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jerome Alan Johnson
Jerome Alan Johnson
Signature of Debtor 1

/s/ Michele Anita Johnson
Michele Anita Johnson
Signature of Debtor 2

Date August 15, 2019

Date August 15, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Jerome Alan Johnson
First Name Middle Name Last Name

Debtor 2 Michele Anita Johnson
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-12437-BFK
(if known)

☐ Check if this is an amended filing

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Bank of America, N.A. Description of property: 2016 Honda Civic 29,314 miles securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Make regular payments without formal reaffirmation agreement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: CarMax Auto Finance Description of property: 2014 Toyota RAV4 22,948 miles securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Make regular payments without formal reaffirmation agreement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: Wells Fargo Home Mortgage	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor 1 Jerome Alan Johnson
Debtor 2 Michele Anita Johnson

Case number (if known) 19-12437-BFK

Description of property 15338 Colonel Tansill Ct.
Woodbridge, VA 22193-5888
securing debt: Prince William County

Reaffirmation Agreement.
☒ Retain the property and [explain]:
Make regular payments without formal
reaffirmation agreement

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Jerome Alan Johnson
Jerome Alan Johnson
Signature of Debtor 1

X /s/ Michele Anita Johnson
Michele Anita Johnson
Signature of Debtor 2

Date August 15, 2019

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